Rudolph Matas—how I remember him: An interview with Dr Michael E. DeBakey

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Dr Roger T. Gregory. We're here today to talk with Dr DeBakey about Dr Rudolph Matas, who lived from 1860 to 1957, dying at age 97. Dr Matas has become the symbol of vascular surgery in the South and as such was chosen as a symbol for the Southern Association for Vascular Surgery where his profile is on the logo. He was a professor of surgery at Tulane from 1894 to 1927 and succeeded by Dr Alton Ochsner. The interview today regards Dr Matas and how you knew Dr Matas, Dr DeBakey, and your memories of him. How in fact did you meet Dr Matas?

Dr Michael E. DeBakey. Well, I met him for the first time at his home at his invitation. I was a medical student at the time, and I would go to the library to get European journals, either in German or French. I did this as a means of translation for some of the faculty members who could not adequately read German or French. I could, and so it was a service that I provided. One day the librarian said to me that Dr Matas would like for me to go get the books myself, as these were located at his home, because he wanted to meet me. He wanted to know who this fellow was who was borrowing all of his journals. These books were in his home, in his library. As a matter of fact, his house was virtually a library, which I found out when I got there. And so when I arrived, he met me at the door, and I met a very portly gentleman, who had a goatee and graciously asked me to come in. He then asked me to sit down with him in one of the rooms that was part of his library. I later found out that almost all of the rooms had been converted into a library; in fact, they had to add additional foundational support to the house!

We sat down and then he wanted to know all about me. He wanted to know who my parents were, where I was from, where I was born, and so on, and what my education was. Then he wanted to know why I was interested in his journals. He not only could read several languages, but spoke French and Spanish, of course, and German quite fluently. He was very interested that here was a medical student who could read these journals so well. And I explained to him what I was doing, that I was translating these for some of the faculty members. He offered me something to drink and he said, "Will you have a little glass of port with me?" He said, "I like port." I had a little difficulty with that, but I made out like I was sipping it. I didn't, because I had grown up in a family that considered alcohol and tobacco a sin, so we didn't have any tobacco or alcohol in our family. But he didn't particularly notice that I was just sipping and not drinking his port. He was very gracious, so after that I had to go to his house to get the books, which was sometimes kind of a nuisance, because previously I could have someone go get them. I didn't have to do it myself. But it was nice to see him.

I found out when I started assisting Dr Ochsner that he referred his patients to Dr Ochsner when they needed an operation. And he would follow the patients through. It was always interesting. For example, in those days most of the surgery was abdominal. There wasn't a great deal of thoracic surgery at that particular time, or even much later. He would like to come to the operating room after the patient was anesthetized so he could feel the abdomen, with the patient asleep and the abdominal wall pretty relaxed; that way he could get a better feel of things. It was very interesting. He was very thorough in the old-fashioned examination. I remember one occasion when we were getting ready to operate on a patient of his. He came after I had gone into the operating room and prepared the patient and then had to come out and scrub again. He was washing his hands because he was going to go in the operating room and sort of feel the abdomen. There was a swinging door between the scrub room and the operating room, and when he got to the swinging door, I noticed he took one finger and pushed that door open so he wouldn't get too contaminated. Except that was a little bit relative!

He always invited me to his home on Mardi Gras, because when the parade went down St Charles Avenue, the King would stop and have a toast at certain houses on St Charles Avenue. When they got to his house, the King would stop and toast him. He was very nice to me, and when I got ready to leave New Orleans to come here, I wanted to say goodbye to him. And so I made an appointment and I went over to his home. He said, "You know I'm glad you came because I was going to call you. I want you to do something for me." And I said, "Of course. I'd be glad to Dr Matas." He said, "Come over here in the next room," so we moved into another room where he had a lot of papers on the table and on a trunk, you know, one of these big steamer trunks. He opened his trunk and it was filled with papers. He said, "I'd like for you to take this trunk with you because I want you to finish what I've

From the Norfolk Surgical Group/Eastern Virginia Medical School.
Competition of interest: nil.
J Vasc Surg 2001;34:384-6.
Sponsored by W. L. Gore.
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0741-5214/2001/$35.00 + 0 **24/6/116098**
doi:10.1067/mva.2001.116098

started." He had been asked by the New Orleans Medical Society to prepare a history of the Louisiana Medical Association and medical activities of Louisiana, literally from its origin. And like everything he did, he couldn't do that without doing a history of medicine in the United States of America. So he had accumulated all the research reports that he had found about the history of medicine in America, and he hadn't yet finished the report. Now this was some 30 to 40 years after he was appointed chairman of a committee to do this. He hadn't completed it, and he said he was afraid that it might not be completed before he died.

I had the opportunity of being at a couple of meetings where he attended. And I remember one of them was in Cleveland at a meeting of the American Surgical Association. But he got up to give a discussion of the man's paper, and he gave another paper, which was a much more thorough discussion of the subject than the man who gave the original paper. He was a great scholar, and, if you read his writings, you realize what a scholarly person he was. He had a very graceful way of expressing his prose, and you enjoyed reading it. About his surgical skill, I don't know really, other than what I heard.

Dr Roger T. Gregory. Did you see him operate?

Dr Michael E. DeBakey. No, I never saw him operate. By the time I knew him he had stopped operating completely. He was still seeing patients, though, in his office, and whenever they needed an operation he would refer them to Dr Ochsner. One of the very interesting aspects of his interests in aneurysms and his description of his operative procedure is that he knew the history very thoroughly, and you can't help but wonder if it wasn't from that knowledge that he developed the procedure of endoaneurysmorrhaphy. The basic principles of his operation were pretty well described, except the procedure of endoaneurysmorrhaphy, where he sewed together the wall of the aneurysm after evacuating the sac. But the procedure of ligating the main artery above and below the aneurysm and opening it and then suturing the opening of the collateral vessel was well described by both Antyllus, who was a contemporary of Galen around the first or second century AD, and a fellow by the name of Aetius, some seven centuries after Antyllus. A very, very, detailed description is recorded that is exactly what Matas did, except Matas added the procedure of endoaneurysmorrhaphy, which was to completely collapse the wall by sewing all of the wall together. Now that was the real trick because that took care of any leakage that might occur from the collaterals. That procedure obliterated the aneurysm. Nobody at that time could resect or put a graft in. That didn't come about until much later. Dr Matas' procedure was done around 1880 something. Before that, in recorded history there was no consideration for resection and graft replacement so that concept was never described previously. Now isn't that interesting?

Dr Roger T. Gregory. It's fascinating. Why do you believe that Dr Matas was so innovative? He came up with ideas about intravenous fluids, about nasal gastric tubes, about endotracheal anesthesia, about using motion pictures for teaching. Why was this man so innovative—what was different about him?

Dr Michael E. DeBakey. Well for one thing, he had a great sense of curiosity. Even when he was quizzing me about my life and family and so on, you could see the curiosity factor. And if you read his writings, you get that expression of curiosity, even about the etiology of diseases. He had a great sense of curiosity, and he was fascinated with the idea of maybe developing another new way of dealing with problems. When you think of what he did with his first endoaneurysmorrhaphy case that he had, he first operated on this patient by ligating both above and below. He said that the aneurysm was stilled, not pulsing anymore, yet to his amazement the next day when he came in to see the patient, the aneurysm was pulsing again. He was then curious as to why this happened. He couldn't believe that his ligature had opened. So he went back in and found that his ligatures were absolutely tight. There was nothing wrong with them, but the aneurysm was pulsating. He said the only way he was going to find out was by opening it up and that is when he found the collaterals. He said it became obvious, as it would to any surgeon, that the thing to do now was to oversew the opening of these collateral vessels in the aneurysm wall, and to bring the two walls together so as to obliterate it completely. That came to him as he was operating. It was innovative in a sense, but it was his curiosity that stimulated him to do that.

Dr Roger T. Gregory. What do you think his thought would be on endovascular surgery, specifically the aortic stent graft for aneurysm treatment? How would he react to that now?

Dr Michael E. DeBakey. Well, I think his reaction would be reasonably positive. He didn't live long enough to see the full development of aortic surgery. Most of his surgery was peripheral with the exception of one case that he did, you remember, that was an abdominal aneurysm that he successfully ligated. In fact, he was the first one to do it successfully. Dr Matas actually ligated the aneurysm proximally, and it was successful. And he must have done 30 to 40 cases altogether after that which were successful, but he never replaced the aorta. The first aneurysm resection of the aorta with graft replacement was in 1952, so I don't think he was fully aware of that. I don't think he would understand the concept of graft replacement. He knew about graft replacement for a peripheral aneurysm, but not the aorta. His understanding (ie, his conceptual consideration for treatment of aneurysms) was to obliterate it. You remember, he had two types: one was the restorative endoaneurysmorrhaphy and the other one was obliterative. Restorative was mostly in what we call sacciform aneurysms, whereas obliterative procedures were used for fusiform. He was such a scholar, you know in surgery, that he would be open-minded about it and would be somewhat, I would say, surprised and maybe skeptical about the long-term value of endograft therapy, and he may be right!

Dr Roger T. Gregory. Professor, do you see similarities between Dr Matas and you? Both of you had a fascination with aneurysms, and both of you had a gigantic impact on the management of this problem. Do you see the obvious parallels here?

Dr Michael E. DeBakey. Well, I feel honored to have any comparison with him because I admire him so much. I think he was one of the truly great figures in surgery of his time.

Dr Roger T. Gregory. Dr DeBakey, I appreciate your time today and remembering these fascinating aspects of Dr Rudolph Matas and the development of vascular surgery, particularly in the southern part of the United States. Thank you very much.

Dr Michael E. DeBakey. It was a pleasure to be with you. Thank you!

Submitted Feb 1, 2001; accepted Feb 8, 2001.